



ATTLEBORO PUBLIC SCHOOLS
HEALTH SERVICES

File – IJOA-E3

Parent/Guardian Authorization for Medication Delegation

DAY Field Trip / Special Event

- *The parent/guardian is aware that there is not a nurse on this field trip. Under state law the nurse is allowed to delegate to a trained staff member. In case of emergency 911 will be called.*

Date: _____

Dear Parent/Guardian of _____

Please sign and return this form to the school nurse by _____ (date)

I grant permission for _____ to administer my son's/daughter's medication during the following school sponsored field trip or special school event

Field trip/event/date

Name/Names of Medications: _____

I am aware that the above named person will administer the medication as ordered by the physician and delegated by the school nurse.

Parent/Guardian Signature: _____ Date: _____

Teacher: _____

Sincerely,

School Nurse

School Building

Health Office Telephone Number

**All prescribed inhalers and Epipens with valid Physician orders will automatically be sent on Field Trips as per the student's signed Medication Administration Plan.*